

# South Dakota Women's Prison Intensive Methamphetamine Treatment Program

## Initial Formative Evaluation Report (Drafted after completion of first cohorts completion of program)

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### **Key Summation Points**

- 14 of 16 participants in the first cohort completed the program.
- All program participants reported some level of abuse in their background.
- Participants report a reduction in mental health symptoms from start of the Phase II to the end of Phase II.
- Participants report an increase in family functioning from the start of Phase II to the end of Phase II.
- Participants report a decrease in temptation to use methamphetamine in key situations and an increase in their confidence in their ability to not use methamphetamine in key situations.
- Overall 75% of program participants rate the overall program as “good” or “excellent”.
- Staff outlook on the program is positive, and they believe the program is beneficial to the program participants.
- Uncertainty remains as to will the progress attained by each program participant be retained and built upon in the next phases of the treatment program.

### **Introduction**

This report is intended to serve as an initial summary of information from the first cohorts of program completers to be used to better understand the program participant’s needs and to aid in improving the program and services. The data contained in this report was gathered through summation and review of the data collection instruments used to evaluate the program and through in person or phone interviews with staff and program administrators.

Data on program participants was available upon entry into the SDWP IMT/Therapeutic community and upon completion of Phase II. Since the program was implemented “midstream” with many inmates currently in the correction system, initial baseline or intake data collected from inmates upon their initial substance abuse assessment within the corrections system was not available on participants in the first cohorts. This information will be available on inmates entering the correction system after initiation of the SDWP IMT program.

Sixteen (16) individuals participated in the initial cohort, eight assigned to each of the two groups. Of the first sixteen participants, 14 completed the program. One participant was dropped from the program as a result of a suicide attempt. Another participant was dropped from the program and is currently participating as a member of the second cohort. The women were divided into two groups, each with its own primary

counselor. The two groups ran concurrently (three weeks apart) and all the women lived together in the therapeutic community.

### **Summary of the Initial Cohort**

#### **Demographics**

The women participants ranged in age from 20 to 42, with the average age for the two groups of 31 years of age. The majority of the participants have children, although not all lived with their children. Living situations prior to incarceration varied from “other” and “have no home” to living alone or with parents, a spouse, or children. While almost all of the women said they were unemployed, this may be due to their incarceration, as six women said they had worked full-time during at least part of the previous year, while three said they had worked part-time. (Some women listed both.)

Approximately two-thirds of the individuals report their race/ethnicity as white while the remainder report their race/ethnicity as Native American.

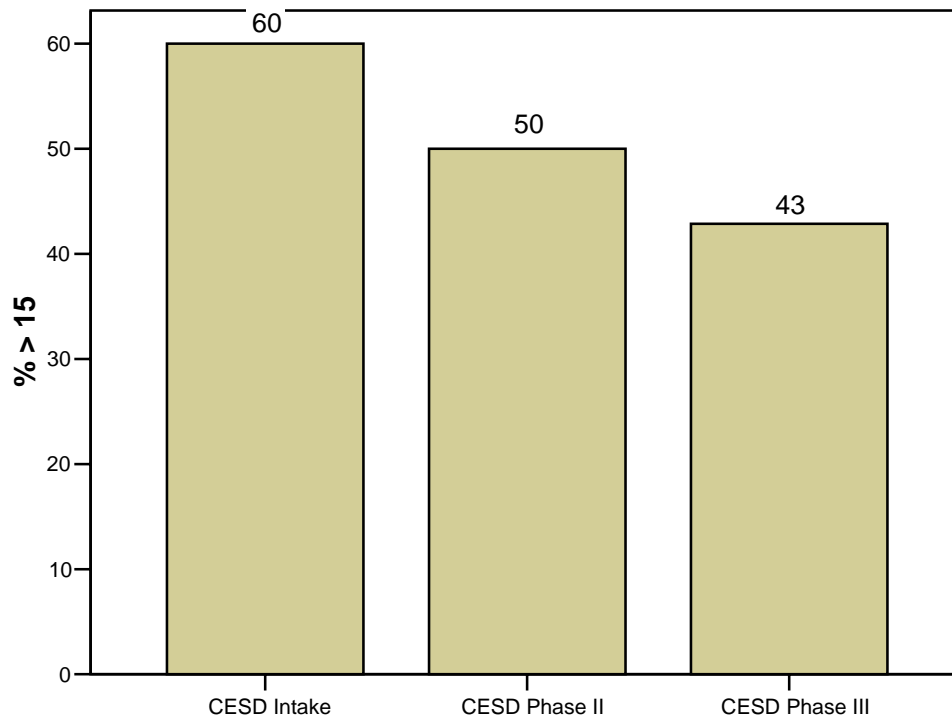
#### **Abuse**

All of the women had a history of either physical or sexual abuse. Four of the women said they had been physically abused as a child (before they were age 18) and six had been physically abused as an adult (since turning 18). Three women said they had been sexually abused as a child while two had been sexually abused as an adult.

#### **Depression/Mental Health**

Most of the women have a history of depression. Five women had previously been treated for depression; all reported that they had periods of depression “that lasted at least two weeks when you felt depressed or didn’t care about or enjoy anything.” Four women reported that they had experienced these spells of depression two to three times, and four women said they had experienced them more than three times. Two women reported that they have attempted suicide once, while one woman wrote that she has made more than one suicide attempt.

The following graph indicates the percentage of inmates reporting meeting the threshold score for depression based on the CESD screening instrument. Individuals screened at “Intake” below have not participated in the program as part of the first cohort but may be program participants in the future. Overall, participating in the program report a reduction in depression symptoms from an average of 17.1 at the beginning of Phase II to 12.3 at the beginning of Phase III. Overall, 50% of women beginning the program (Phase II) report depressive symptoms that categorize them as “at-risk” for mental health related concerns. While the average symptoms declined during the program, 43% of individuals completing Phase III continue to score as “at-risk” for mental health concerns. This is an indication that program has reduced the symptoms, but additional services are needed and mental health services should continue during subsequent phases of the program.

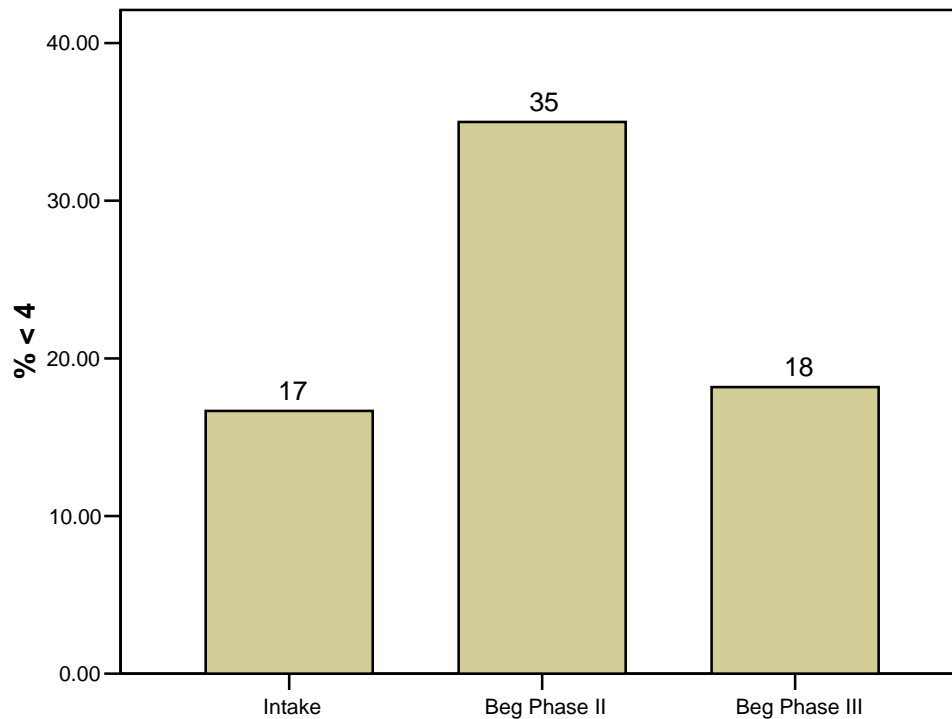
**% of Participants with a CESD Risk for Depression by Phase**

\*A score of 16 or greater indicates a risk for depression

**Family Functioning**

Family Functioning is another key area of emphasis in the treatment program. A third of individuals entering the program reported low levels of family functioning. As the graph below indicates, 35% of individuals entering the program at the beginning of Phase II report family functioning as a concern. Initial data on potential candidates waiting to enter the program (Intake) indicate that 17% of these individuals report family functioning as a concern. The initial data on the first cohort indicate improvement in the average family functioning scores of program participants from 6.4 to 7.4 at the beginning of Phase III.

### % of Participants with Family Functioning Risk Scores by Phase

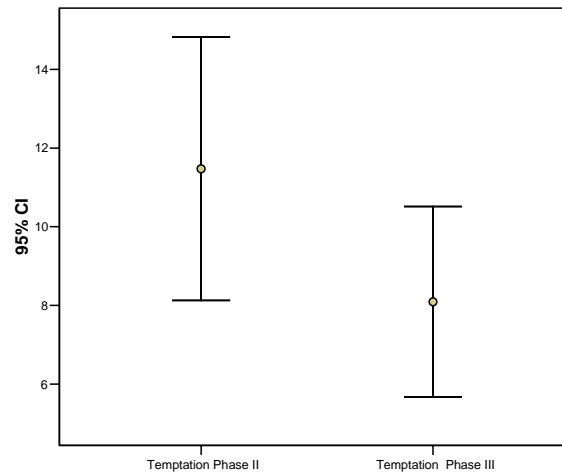


\*A score of 4 or less ( $N < 5$ ) indicates a risk in family functioning

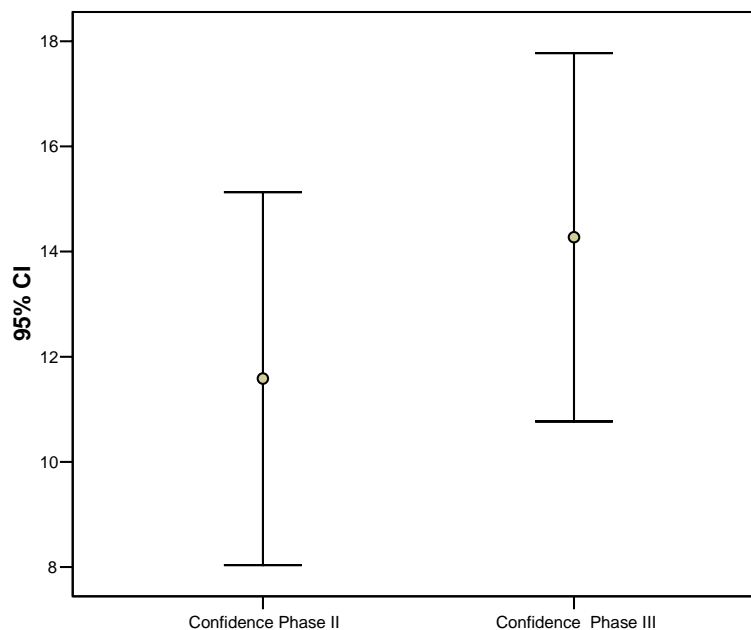
### Self-Efficacy

The Methamphetamine Abstinence Self-Efficacy Scale (MASE) is an adaptation of Alcohol Abstinence Self-Efficacy (AASE) to be specific for methamphetamine abuse. The MASE assesses Bandura's construct of self-efficacy and evaluates an individual's efficacy (i.e., confidence) to abstain from use methamphetamine in different situations that represent typical cues consistent with abuse of methamphetamine. The scale assesses an individual's confidence in their ability not to use and their level of temptation to use in various situations.

The program participants report a reduction in temptation in the four main areas (Negative Affect, Social/Positive, Physical and Other Concerns, and Craving and Urges) assessed by the MASE from the beginning of Phase II (average of 11.5) to the beginning of Phase III (average of 8.1).

**Self-Efficacy:Temptation Summary Scores by Phase**

Corresponding with a reduction in temptation, program participants indicate an increase in their confidence in their ability to not use methamphetamine between the beginning of Phase II (average of 11.6) to the beginning of Phase III (average of 14.3). The trend continues for clients that remain in the program indicating program participants report greater confidence in their ability to not use methamphetamine.

**Self-Efficacy:Confidence Summary Scores by Phase**

### Participant Ratings of the Program

A number of tools were used to measure the program's effectiveness as judged by the participants themselves. At over half, if not more, of the cohort gave a "good" or "excellent" evaluation for six aspects of the program on the client assessment form: individual counseling, group sessions, usefulness of films and videotapes, quality of films and videotapes, facilities available, and overall program. Of these six components, only two (usefulness of films and quality of films) received a "poor" rating from anyone in the group. Clients ranked "individual counseling" and "overall program" highly.

Figure 1: Participant ratings of the program on the Client Assessment Form, Question 13.  
(Numbers represent number of response.)

	1. Poor	2. Fair	3. Good	4. Excellent
Individual counseling	0	1	6	6
Group Sessions	0	2	5	6
Usefulness of films and videotapes	2	3	5	3
Quality of films and videotapes	2	3	5	3
Facilities available (rooms, etc.)	0	4	5	4
Overall program	0	1	3	9

Participants also completed an exit interview. Among other things, this form asked participants to rate the program based on its ability to help the individual in a variety of ways. By totaling the scores and assigning an average, one can determine that the program was rated highest in its ability to help participants understand the harm that can be caused by alcohol and drug use; this function of the program received an average score of 3.93 out of a possible of 4. The cultural content of the program was rated lowest, with an average score of 2.93.

Figure 2: Participant ratings of the program on the Exit Interview, Question 1.

	Average Rating
Providing me with individual help	3.43
Helping me understand the harm that can come from alcohol and drug use	3.93
The cultural content of the program	2.93
Meeting my personal needs	3.54
Helping me get the services I need	3.79
The overall program	3.5

In response to the question, "Would you recommend the Alcohol and Drug Treatment Program to other persons?" on the client assessment form, all but two of the program participants in the first cohort choose "yes." This form provided an outlet for specific

feedback from the clients; one question asked, “What did you like best about the Alcohol and Drug Treatment Program?” Clients responded:

- “That it was all girls. And easy to open up.”
- “When things were discussed as a group and counselors were on track too.”
- “That I had to get inside of me and really take a good look at me. I’m leaving with solutions to my addiction.”
- “[Name of person], my drug counselor.”
- “It was 3 months and went into depth more. You have more time to work on your issue.”
- “The structure was good and thoroughness of the work also good, I believe 90 days is a good amount of time to really get to the source of your problems and then have some time to work on them and change some things. If you're serious about changing this is a great start.”
- “Counselors help work things (problems with each other) out.”
- “The paper work and the talks.”
- “It taught me a lot I never learned before.”

The evaluation forms were also a source of feedback that can be used to help improve the program in future groups. In response to the question, “What, if anything, about the treatment program do you think needs to be changed?,” clients responded:

- “Halfway house optional if you don’t have anywhere else to go.”
- “The setting meetings every single morning and on WEEKENDS is ridiculous and on holidays.”
- “It’s a work process I think that in time it will get better. Over all I’m glad I went through this program and can’t wait to be sober and leave the right.”
- “The inconsistency of the rules from one rule breaker to another. Have no consequences for abusers of the rules. Rules are made to be in place. Not broken and disregarded. Stick with what you say!!”
- “A lot of things...”
- “Consistency, needs to be more organized, everyone go by rules.”
- “Movies need to be updated.”
- “Guards were not nice and supportive. They have their favorites and show it.”
- “Less prison stuff, more treatment.”



### Counselor Ratings of Program Participants and Staff Interviews

The counselor also rated each client on her development and performance in the treatment program. Of the participants for which data was available, eight participants received a rating of “good” or “excellent” rating for individual counseling; seven of the participants (though not necessarily the same participants) received a rating of “good” or “excellent” for overall treatment program.

Figure 3: Participant ratings, given by the counselor on the Program Assessment Form, Questions 8B3, 8C3, and 9.

	Poor	Fair	Good	Excellent
Compared to others in the program, how well did this person do in individual counseling sessions?	1	3	6	2
Considering all aspects of this person’s treatment program, how well did he/she do?	1	4	6	1

Interviews were conducted with program staff after the completion of the program with their first groups. Feedback from all staff contacted was positive, and many of staff’s concerns echoed those of the participants. A major theme for staff was uncertainties and inconsistencies as the major issues. As members of the first group in the program, many women did not know how the program would unfold, and they also had uncertainties about what would happen at the halfway house.

Additionally, there were many issues with guards; while overall the guards were pretty good and really listened, some were too lenient or “baited” inmates. The challenge of balancing Department of Correction rules and the efforts to establish a therapeutic community where often at odds. This issue is not unexpected considering the uniqueness of the program with in the Department of Corrections system and should not be viewed completely from a negative vantage point, but rather that this is a system that is trying to adapt to the needs of a special population. Certainly this issue will require continued monitoring and a balancing act from all that considers the legal mission and role of the Department of Corrections as well as how to best adapt and address the needs of fostering a therapeutic community.

Overall the counselors felt the program was beneficial for the participants and that the curriculum was good, but needed some revamping, as there was not enough time in the program to finish everything. The communication portion was thought to be very positive by the counselors along with a lot of self-esteem work. For future groups one area that more information will be included in the curriculum is information related to abuse and family dynamics. One aspect that was noted as missing was an assessment to capture the abuse and a counselor felt this was necessary as all of her clients had experienced some form of abuse.

One counselor reported that a participant told her that “[the] group is the only normal thing they have in their lives”. She felt that continued empathy and compassion are critical, as participants need someone to have faith and hope in them. Overall the counselors were positive about the treatment experience but their prognosis for their

clients is guarded. Counselors saw clients make a lot of progress but are uncertain if the clients can carry through. As indicated by the assessments, the counselors noted the presents of a lot of mental health issues that need to be worked through.

### Sample Individual Participant Profiles

This sample of profiles is based on self-reported information written by the participants before, during, and/or after Phase II of the treatment program.

This participant is a 39-year-old Native American single mom. Her substance use history includes meth, cocaine, marijuana, stimulants, and narcotics, but alcohol is her primary drug of choice (and that which poses the biggest problem). She has been treated three times previously for substance abuse and for depression. She reports being sexually abused as a child. She has made one suicide attempt and she was arrested twice in the past year. She prays weekly. This participant rated the program highly; by averaging her ratings (1-4, 4 being “excellent”), one finds an average rating of 3.3 for the program components on the client assessment form (which asked about program facilities, group sessions, etc.) and an average rating of 3.8 for the program components on the exit interview form (which asked about the program’s ability to provide individual help, meet personal needs, etc.) Likewise, her counselor rated her performance highly; she received ratings of “Excellent,” “Good,” and “Good” on questions 8B3, 8C3, and 9 of the program assessment. Her counselor feels that she is “somewhat likely” to be free of substance abuse in the future and “somewhat likely” to be arrested for law violations in the future.

This participant is a 42-year-old white divorced mother. She has a substance use history that includes meth, speed/crystal, and cocaine, and prior to the program she used alcohol and marijuana daily. She began using alcohol at age 13 and marijuana at age 14. She has been treated previously for substance abuse six times and for depression. While she did not indicate a history of sexual abuse, she has been abused physically as a child and as an adult. Her father and spouse had problems due to drinking; her sister and spouse had problems due to drug use. She was delinquent as a youth and had been arrested multiple times in the year prior to the program. She prays daily and attends religious services several times a month. She rated the program components highly, with an average rating of 3.5 on the client assessment form and 3.8 on the exit interview; her counselor described her performance as “Good” for questions 8B3, 8C3, and 9. Her counselor wrote that she was “somewhat likely” to be free from substance abuse but “not likely” to be arrested in the future.

This participant is a 26-year-old white single mother. She has not completed high school or received her GED but is a part-time student. Her substance abuse history includes alcohol, marijuana, cocaine, meth, and narcotics. In the past year, she used marijuana daily and meth and stimulants weekly. She reports having been sober for seven months, and she does not have an alcohol problem. She was treated for substance abuse within the past two years, and she has been treated for depression. Her father, grandparents and a male relative had drinking problems. She was abused physically both as a child and as an adult. She skipped school as a youth but does not report other delinquent behaviors. She prays daily and attends religious services weekly. She gave the program a fair report on the client assessment form with an average rating of 2.3; her rating of the program was higher on the exit interview with an average of 3.2. Her counselor rated her performance in the program as “Poor,” “Fair,” and “Fair” for

questions 8B3, 8C3, and 9, respectively, on the program assessment form; she is deemed “somewhat likely” to be free from substance abuse problems and “somewhat likely” to be arrested in the future.

This participant is a 25-year-old Native American single mom. She completed a year of vocational/technical/business school and is a full-time student. She has a substance abuse history of alcohol, meth, and marijuana. Her father, brother, and sister had drinking problems; she started drinking and using drugs at age 13-14. As a child, she was sexually abused by a male relative. She was treated for substance abuse within the past year and has made one suicide attempt. She prays daily and attends religious services weekly. She gave the program all excellent (4) ratings on the client assessment form and an average rating of 3.8 on the exit interview; her counselor also rated her as “excellent” in response to all three questions. She is deemed “somewhat likely” to be free of substance abuse problems and “not likely” to be arrested in the future.

This participant is a 42-year-old white divorced mother. She has used meth and other stimulants but reports eight months of sobriety. She has never been treated previously for drug use or depression. Her father, stepfather, mother, grandparents, and male and female relatives had drinking problems. She has been physically abused both as a child and as an adult. She shoplifted as a youth. She prays daily. On the client assessment form, she rated the program as “fair” with an average rating of 2.2 and wrote that she liked her counselor; she gave the program a slightly higher average rating of 2.4 (excluding one question to which she did not give a response) on the exit interview. Her counselor rated her performance in the program as “Fair,” “Good,” and “Fair”; her counselor believes she is “somewhat likely” to be free of substance abuse problems and “not likely” to be arrested in the future.

This participant is a 24-year-old white mother. She has an extensive substance abuse history that includes using meth and other stimulants daily in addition to other drugs on a weekly or monthly basis. She rarely used alcohol or marijuana during the past year. She began drinking and using drugs at age 14; she always uses with other people. Her longest stretch of sobriety in the past year was five days. She has been treated three times previously for substance abuse. She has been physically abused as an adult by her boyfriend and has been sexually abused as an adult by a male friend or boyfriend. She presented some delinquent behaviors as a youth: skipping school, being suspended/expelled from school, and vandalizing property. She reports that at some point in her life, she has restricted her food intake in a manner resembling anorexia. She prays daily and attends religious services weekly. Overall, she gave the program a “good” rating on the client assessment form, with an average of 3.2; she rated the program more highly with an average rating of 3.8 on the exit interview. She felt positively about the level of introspection in the program, saying “I had to get inside of me and really take a good look at me...I’m leaving with solutions to my addiction.” Her counselor gave her a “Good” rating on all three questions; she believes that participant is “somewhat likely” to be free of substance abuse problems and “somewhat likely” to be arrested in the future.

This participant is a 24-year-old Native American single woman. She finished 11<sup>th</sup> grade but did not receive her diploma or GED; she is a part-time student. She has a substance abuse history that includes alcohol, marijuana, cocaine, meth, and sleeping pills. She has been treated for drug use four times previously; the most recent treatment

was within the past year and her longest period of sobriety during that time was nine months. She has also been treated for depression. Her mother had drinking problems. The participant was abused both physically and sexually as a child and as an adult; her mother and another relative abused her physically as a child; her boyfriend abused her physically as an adult. She was sexually abused by a male relative as a child and by a stranger both as a child and an adult. She was delinquent as a youth and made multiple suicide attempts. She prays daily and attends religious services weekly. Of all the participants in the counselors group, she gave the lowest rating with an average of 1.8 on the client assessment form; however, her ratings of the program on the exit interview were much higher, averaging 3.2. Of all the participants in her group, she received the lowest ratings from her counselor with ratings of “Fair,” “Fair,” and “Poor” and an assessment as “not likely” to be free of substance abuse and “very likely” to be arrested for law violations in the future.

This participant is a 34-year-old white single mother. She was employed full-time for the past twelve months but reports a number of problems (lateness, missing work, etc.). Her substance abuse history includes alcohol, marijuana, cocaine, and meth, though she reports using them rarely during the past year. She has problems with abusing these drugs but reports being sober for 85 weeks. She has had three previous treatments for drug use as well as treatment for depression. She began drinking at age 13 and started using drugs at age 27. As an adult, she was physically abused by her boyfriend. On the client assessment form, she gave the program an average rating of 2.8; this rating was higher on the exit interview with an average of 3.8. Her counselor gave her ratings of “Good,” “Poor,” and “Fair” on her work in the program; she felt that this participant was “not likely” to be free of substance abuse problems and “somewhat likely” to be arrested in the future.

### **Formative Summation**

Based on the initial data collected, the comments from participants and staff, the program has developed a very positive culture for supporting a therapeutic community style treatment program in an extremely short amount of time. The initial data indicators suggest that key psychological constructs are effective positively by the treatment program. A lot of uncertainty exists in relation to how the next phase of the treatment program will play out for participants. This poses the next major hurdle for the treatment program.